


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		Complete if Known Application Number 10/532,278-Conf. #8497 Filing Date April 21, 2005 First Named Inventor Gabrio Roncucci Examiner Name P. V. Ward Art Unit 1624 Attorney Docket No. M1100.70002US00	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	TOTAL AMOUNT OF PAYMENT (\$) 555.00		


METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES		Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195		
Total Claims 15 - 24 or HP x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	Extra Claims Fee (\$) _____ Fee Paid (\$) _____	Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____
Indep. Claims 2 - 3 or HP x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	Extra Claims Fee (\$) _____ Fee Paid (\$) _____	

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____ Fee Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2252 Extension for response within third month 555.00	
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SUBMITTED BY Signature  Registration No. 46,190 Telephone 617.646.8000 Name (Print/Type) Michael J. Pomianek, Ph.D. Date September 8, 2009			
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Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Oated: September 8, 2009 Signature:  Eileen M. MacKenzie	
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